


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90377 027 ****50.00

DOCUMENT # L04000091776 1. Entity Name BOLD CITY TILE & FLOORING L.L.C.	
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Principal Place of Business 2081 CHAFFEE ROAD S. #170 JACKSONVILLE FL 32221	Mailing Address 2081 CHAFFEE ROAD S. #170 JACKSONVILLE FL 32221
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State Zip Country	City & State Zip Country
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4. FEI Number 26-0104747	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HIMES, BRUCE A 2081 CHAFFEE ROAD S. #170 JACKSONVILLE FL 32221	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

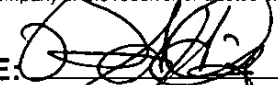
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		Delete
TITLE	MGR	<input type="checkbox"/>
NAME	HIMES, BRUCE A	
STREET ADDRESS	2081 CHAFFEE ROAD S. #170	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	MGRM	<input type="checkbox"/>
NAME	SORRELL, BRENDA J	
STREET ADDRESS	2081 CHAFFEE ROAD S. #170	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		Change	Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver, or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **BRUCE A. HIMES** *May 1, 2005* **(904) 378-6556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Business Phone #